



Date: August 23, 2018

DCTS Action Memo 2018-09

To: County Departments of Community Programs  
County Departments of Health and Human Services  
County Departments of Human Services  
Tribal Chairpersons/Human Service Facilitators

From: Patrick Cork, Administrator

## Two Quality Improvement Grant Opportunities for Crisis Intervention Programs

### Document Summary

This memo describes the opportunity for one-time grant funding focused on improving local crisis intervention response systems. The deadline to apply is September 14, 2018. These grants are part of ongoing efforts by the Department of Health Services (DHS) to improve local crisis intervention response and reduce the number of short length-of-stay admissions to Winnebago Mental Health Institute.

### Background

There are two grant opportunities. The grants for rapid cycle crisis intervention improvement are the result of the DHS Learning Collaborative for Crisis Intervention and Emergency Detention managed by the Division of Care and Treatment Services (DCTS). A group of behavioral health agencies worked with DCTS staff from February through June 2018 to discuss strategies and approaches on how to support people experiencing a mental health crisis in the community rather than sending them to a state mental health institute. These strategies and approaches are outlined in the recently published DHS [Toolkit for Improving Crisis Intervention and Emergency Detention Services, P-02224](#). The grant for in-home youth crisis stabilization is available through DHS with the support of the Department of Children and Families.

### Option 1: Rapid Cycle Crisis Intervention Improvement

This grant program requires applicants to design and implement a quality improvement project within their emergency mental health services. All counties are invited to apply. DCTS is using one-time additional funding awarded to Wisconsin through the federal Community Mental Health Services Block Grant to support these grants.

### Project Framework

Applicants must seek to increase aspects critical to quality that add value, efficiency, effectiveness, or related improvements to crisis intervention services or decrease waste, error, confusion, frustration, or delay in these services. These efforts should be guided by the [Institute of Medicine's six aims for quality health care systems](#) and the [DCTS Performance Measure Categories, P-00620](#).

### **Project Models**

Applicants must define what they want accomplish, how it will be determined that improvement occurs, and what change can be made that will result in improvement. The DHS [Toolkit for Improving Crisis Intervention and Emergency Detention](#) should guide this effort. Additionally, applicants should use the [Plan-Do-Study-Act](#) model to implement and test changes in the real work environment. Applicants are encouraged to use an organizational change management method, such as [Kotter's 8-Stage Process for Leading Change Management](#).

### **Project Objectives**

Applicants must establish [SMART goals](#) for their project. These objectives should seek to divert individuals from unnecessary inpatient hospitalizations, reduce emergency detentions, reduce the number of short stays in inpatient settings, and/or improve local crisis response.

### **Grant Terms**

DCTS intends to use this request for applications to award up to 20 grants of no more than \$20,000 each. This is one-time funding that must be utilized by September 30, 2019.

Grant recipients that attain positive outcomes are eligible for a \$5,000 payment. To be eligible for this payment, grant recipients must participate in a one-day in-person change leader kick-off conference, collaborate with a DCTS change leader coach, participate in monthly conference call progress report meetings, and provide a short presentation at the 2019 Crisis Intervention Conference.

### **Option 2: In-Home Youth Crisis Stabilization**

This grant program seeks to develop sustainable in-home youth crisis stabilization services. Counties and/or county and tribal nation collaborations are invited to apply. This one-time funding is being made available through a combined effort with the Department of Children and Families.

In-home crisis stabilization programs allow children and adolescents with behavioral health needs to remain in their natural, home environment while getting the treatment and supports they need to avoid inpatient hospitalization or residential crisis stabilization. In-home crisis stabilization provides an opportunity for the youth and their family to develop skill and confidence in managing a crisis. Central to the provision of in-home crisis stabilization is bringing the services to the youth and their family as opposed to having the child and family travel to a clinic, hospital, office, or residential crisis stabilization facility.

Applicants should follow the common goals of community-based mobile crisis programs.

- Help individuals experiencing a crisis event to experience relief quickly and to resolve the crisis situation when possible.
- Meet individuals in an environment where they are comfortable.
- Provide appropriate care/support while avoiding unnecessary law enforcement involvement, emergency department use, and hospitalization.
- Cultivate a sense of self-efficacy and self-control toward emboldened future resilience and reliance on intrinsic problem-solving and distress management.

This service should include triage and/or screening, including an assessment for suicidality and other risks; an evaluation of family systems; de-escalation and resolution; peer support; short-term in-home family therapy services; coordination with medical and behavioral health services; and crisis planning

and follow-up. It is expected that individuals (and families) will be referred to other community-based programming, such as Comprehensive Community Services and Coordinated Services Teams Initiatives.

The DHS [Toolkit for Improving Crisis Intervention and Emergency Detention Services, P-02224](#), should guide this effort. Additionally, applicants must demonstrate how in-home youth crisis stabilization will meet the six aims identified by the [Institute of Medicine](#) for quality health care systems as well as the [DCTS Performance Measure Categories, P-00620](#).

### **Grant Terms**

DCTS intends to use this request for applications to award one grant of no more than \$250,000. This is one-time funding that must be utilized by September 30, 2019.

The grant is designed to support the development of this service. Reimbursement opportunities for crisis programming are currently available. The grant recipient is expected to seek reimbursement for services from Medicaid and third-party payers. The grant recipient may use local funding to support programming for youth and families not affiliated with eligible health insurance. DCTS will work with the grant recipient to develop strategies to access third-party reimbursement in an effort to sustain this service beyond the grant period.

Funding beyond the \$250,000 development monies is not guaranteed but may be considered based on performance of the grantee and available resources.

### **Application Process for Both Options**

Collaborative or regional partnerships are encouraged. Public-private nonprofit partnerships are allowed.

Preference for option 1 will be given to crisis programs that are certified or as an objective of their application will become certified under Wis. Admin. Code ch. DHS 34, subch. III. Preference for option 2 will be given to regional designs for the in-home youth crisis stabilization service.

### **Proposer Conference Call**

DCTS will host a proposer question and answer conference call August 28, 2018, at 1:00 p.m. Email your intent to participate in the call to [Brad Munger](#), the contract administrator for this initiative.

### **Submission Deadline**

All applications are due by **September 14, 2018, at 4:00 p.m.** A completed application includes one signed original, three copies of the original, and one editable copy saved as a Microsoft Word document file on a USB flash drive or removable jump drive. This completed application must be received by DCTS Bureau of Prevention Treatment and Recovery by the deadline. Date of mailing or postmark is not sufficient. Use the appropriate address below if you are shipping or mailing your submission.

| <b>Shipping Company</b>  | <b>USPS</b>   |
|--|---|
| Department of Health Services<br>Attn: Brad Munger<br>1 W. Wilson St.<br>Room 851<br>Madison, WI 53703 | Department of Health Services<br>Attn: Brad Munger<br>1 W. Wilson St., Rm. 851<br>PO Box 7850<br>Madison, WI 53707-7850 |

### **Timeline**

- Announcement of awards and intent to contract: September 24, 2018
- Project start date: October 1, 2018

### **Application Scoring**

Applications will be reviewed by an evaluation committee against chosen criteria. Applicants may not contact any evaluator without the contract administrator's written approval. Brad Munger is the contract administrator for this initiative.

### **Notification of Intent to Pursue Contract Negotiations**

All applicants who respond to this request for applications will be notified by email of the state's intent to pursue contract negotiations pursuant to this request for applications. After notification of intent to contract is made, copies of applications will be available for public inspection under supervision of DHS staff from 8:00 a.m. to 4:00 p.m. Monday-Friday in the office of the DCTS Bureau of Prevention Treatment and Recovery. Interested parties should schedule reviews with the contract administrator.

### **Awards**

Successful applicants will receive an amendment to their calendar year state-county contract for community aids in the years 2018 and 2019. All projects and related expenditures must be completed no later than September 30, 2019. All projects are expected to be finalized in their entirety by September 30, 2019.

### **Right to Reject Applications and Negotiate Agreement Term**

The state reserves the right to reject any and all applications. The state may negotiate the terms of the contract, including the award amount, with the selected applicant prior to entering into a contract. If contract negotiations cannot be concluded successfully with the recommended applicant, DHS may terminate contract negotiations.

The contract administrator or designee will review each response package to verify the applicant meets the requirements specified in this request for applications based on a pass or fail protocol. This determination is the sole responsibility of DHS.

### **Application Process**

Applications should be organized according to the five headings below and clearly and concisely describe their proposed project within five pages. Applicants are required to submit their application in a single-sided, single-spaced document, with 12-point font (preferred is Times New Roman) and one-inch margins.

- I. Cover Page (Pass/Fail)—not included in page count.** Indicate the county(ies), relevant department(s), and partners applying for funding. Include all mailing, email, and phone contact information for the county and those staff involved in the project (primary contact for the grant, county director, etc.).
- II. Organization Capacity (15 points)—two paragraph maximum.** Briefly describe the structure of crisis services. Include county-provided services and those contracted along with the number of full-time equivalent employees and type (for example, licensed, non-licensed, peer support specialists, volunteers). Include descriptions of existing crisis stabilization resources (both in-place and residential) for youth, adult, elder, and those requiring emergency protective placement.

- III. Current Situation (20 points)—two paragraph maximum.** Briefly describe key strengths and challenges specific to local crisis intervention service provision.
- Needs assessment: Briefly describe the five greatest needs, obstacles, and barriers. Consider frequency and severity of these challenges along with potential for change and impact of change.
  - Strengths assessment: List five greatest strengths, opportunities, and resources.
- IV. Project Description (50 points)—one page maximum.**
- Baseline data to measure change against
  - Goal and objectives—must be in SMART goal format, utilize the [Performance Measure Categories and SMART Objectives Checklist](#)
  - Personnel
  - Evaluation, effectiveness, and measurement. What will be the measures of the effectiveness of your project?
  - Plan for sustainability
- V. Budget (15 points)—separate page (maximum of two pages).** [Use this template](#). Detailed instructions for each expense category are below the table. Describe the budget for the entire project for all expenses prior to October 1, 2019 (excluding outcome payment). For each expense specifically related to this project, there must be sufficient detail and justification for costs. Cells will expand with entered text. Enter total costs in whole dollar amounts by rounding to the nearest dollar.

## Action Summary

- Two grant opportunities are available focused on improving local crisis intervention efforts.
- The deadline to apply is September 14, 2018, at 4:00 p.m.

## REGIONAL OFFICE CONTACT

Area Administrators

## CENTRAL OFFICE CONTACT

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